

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	BM		07-06-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	HT	913	08/20/01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	7/1/01	51		101	
Original		52		102	
1		53		103	
2		54		104	
3		55		105	
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5		57		107	
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7		59		109	
8		60		110	
9		61		111	
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41		93		143	
42		94		144	
43		95		145	
44		96		146	
45		97		147	
46		98		148	
47		99		149	
48		100		150	
49					
50					

If more than 150 claims or 10 actions  
staple additional sheet here